

L13000769124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

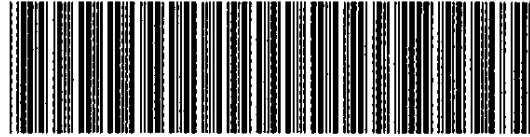
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fresh Squeezed Motorcycle Repair, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candi Cahill

Name of Person

Fresh Squeezed Motorcycle Repair, LLC

Firm/Company

10520 McIntosh Rd.

Address

Thonotosassa, FL 33592

City/State and Zip Code

cshomesvc@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candi Cahill

Name of Person

at (**813**) **986-0715**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & -Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DEC-5 AM 11:59
RECEIVED
CORPORATION
DIVISION OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fresh Squeezed Motorcycle Repair, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10520 McIntosh Rd.

10520 McIntosh Rd.

Thonotosassa, FL 33592

Thonotosassa, FL 33592

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Candi Cahill

Name

10520 McIntosh Rd.

Florida street address (P.O. Box **NOT** acceptable)

Thonotosassa, fl 33592

FL

City, State, and Zip

19 DEC -5 AM 11:11
STATE OF FLORIDA
SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Candi Cahill

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Candi Cahill _____

10520 McIntosh Rd. _____

Thonotosassa, FL 33592 _____

MGR _____

Ronald Cahill _____

10520 McIntosh Rd. _____

Thonotosassa, FL 33592 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2014. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Candi Cahill

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Candi Cahill _____

Typed or printed name of signee

19 DEC -5 4:11:10

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)